

OAAS Transition Services Expense and Planning Approval (TSEPA) Form

OAAS Regional  
Office (R.O.):

Waiver Applicant's  
Name:

PROJECTED Move  
Date:

ACTUAL Move Date:

Nursing Facility  
Name:

Total Estimated Cost:

Waiver Type:

SSN:

Pre-142  
Approval Date:

Final Approved  
TSEPA Date:

Total Actual  
Cost:

ADHC

EDA

ITEMIZED TSEPA EXPENSES					
Area	Item	Designated Purchaser's Initials	Number of Items Requested	Estimated Cost	Actual Cost (based on purchase receipt)
Deposits/Fees	Security Deposit (House)				
	Security Deposit (Apartment)				
	Telephone Deposit				
	Electric Deposit				
	Gas Deposit				
	Water Deposit				
Living Room	Sofa/Love Seat				
	Chair				
	Coffee Table				
	End Table				
	Recliner				
Dining Room	Dining Table/Chairs				
Bedroom	Bedroom Set				
	Mattress/Box Springs				
	Bed frame				
	Chest of Drawers				
	Nightstand				
	Comforter				
	Sheets				
	Pillows				
	Lamp				
	Telephone				

<b>Kitchen</b>	Refrigerator				
	Stove				
	Cooktop				
	Dishwasher				
	Convection Oven				
	Dishes/Plates				
	Glassware				
	Cutlery/Flatware				
	Microwave				
	Coffee Maker				
	Toaster				
	Crock Pot				
	Indoor Grill				
	Pots/Pans				
	Drain board				
	Storage Containers				
	Blender				
	Can Opener				
	Food Processor				
	Mixer				
	Dishcloths, Towels, Potholders				
<b>Bathroom</b>	Towels				
	Hamper				
	Shower Curtain				
	Bath Mat				
<b>Miscellaneous</b>	Curtain Rod				
	Washer				
	Dryer				
	Vacuum Cleaner				
	Air Conditioner				
	Fan				
	Broom				
	Mop				
	Bucket				
	Iron				
	Ironing Board				
<b>Moving Expenses</b>	Moving Company				
	Cleaners (prior to move; one time expense)				
<b>Health, Safety and Welfare Assurances</b>	Pest Control/Eradication				
	Fire Extinguisher				
	Smoke Detector				
	First Aid Supplies/Kit				
Total Estimated Cost					
Total Actual Cost					

<b>Pre-Approval Authorization</b>	
Pre-Approved Authorization Amount: _____	
SC Agency Signature: _____	
Date: _____	
OAAS R.O. Representative Signature: _____	
Date: _____	

<b>Support Coordination (SC) Agency Information:</b>	
Name:	_____
Agency:	_____
Address:	_____
Telephone Number(s):	_____
E-Mail Address:	_____
SC Signature:	_____ Date: _____

<b>Designated Purchaser (DP) Information:</b>	
Name:	_____
Agency:	_____
Address:	_____
Telephone Number(s):	_____
E-Mail Address:	_____
DP Signature:	_____ Date: _____

<b>Designated Purchaser (DP) Information:</b>	
Name:	_____
Agency:	_____
Address:	_____
Telephone Number(s):	_____
E-Mail Address:	_____
DP Signature:	_____ Date: _____

<b>Designated Purchaser (DP) Information:</b>	
Name:	_____
Agency:	_____
Address:	_____
Telephone Number(s):	_____
E-Mail Address:	_____
DP Signature:	_____ Date: _____

<b>To Be Completed by OAAS R.O. for FINAL APPROVAL:</b>	
This will verify that OAAS R.O. has reviewed the TSEPA form for completeness and compliance and verified receipts for actual expenditures.	
Participant's Name: _____	SSN: _____
Total Actual Cost: _____	APPROVED: <input type="checkbox"/>
	NOT APPROVED: <input type="checkbox"/>
OAAS R.O. Representative Signature: _____	Date: _____
<b>NOTE: This form is required for pre-approval and final approval of all Transition Service requests. Reimbursement for Transition Service is time limited and will only be made based on an OAAS approved CPOC reflecting the need for Transition Services and with the TSEPA form.</b>	